

## Request for Cancellation of Certificate

220689

1998-617-T

## File the original with:

Public Service Commission of South Carolina  
Docketing Department  
Motor Carrier Matters  
P.O. Box 11649  
Columbia, S.C. 29211  
(803) 896 - 5100  
FAX (803) 896-5199

## Mail or fax a copy to:

S.C. Office of Regulatory Staff  
Transportation Department  
1401 Main Street, Suite 900  
Columbia, S.C. 29201  
(803) 737-0578  
FAX (803) 737-0815

DATE: December 4, 2009

Please consider this a request to cancel my:

- ☒ Class C Taxi Certificate ☐ Class A Restricted Certificate  
☐ Class C Charter Certificate  
☐ Class C Charter Bus Certificate  
☐ Non-Emergency Certificate  
☐ Class E Household Goods Certificate  
☐ Class E Hazardous Wastes Certificate

RECEIVED  
DEC 09 2009  
PSC SC  
DOCKETING DEPT.

My Certificate Number is 6686A

Aikend Limousine & Transp DBA  
(Name of Company)

(If applicable)

153 Pendleton St NW  
(Street Address)

(Mailing Address if different from Street Address)

Aiken SC 29801  
(City, State, Zip Code)

(City, State, Zip Code)

803-648-9977  
(Telephone Number)

Judith A. Jackson  
(Signature)  
V. President  
(Title)